

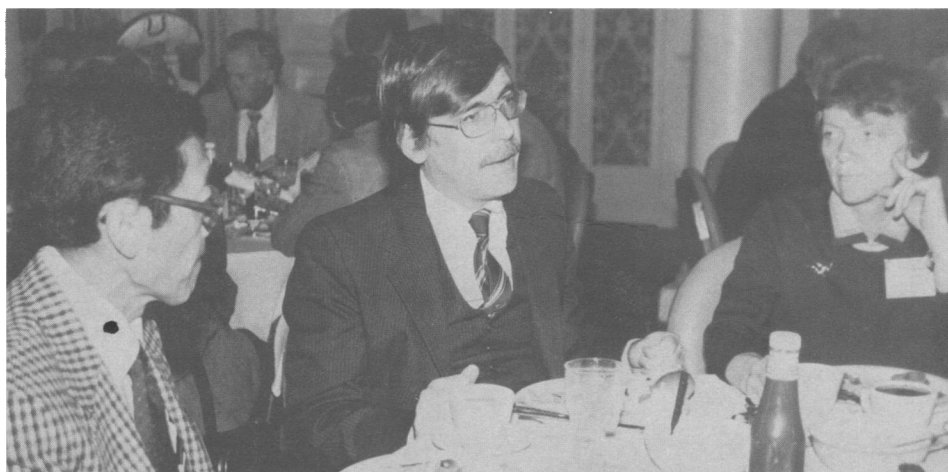
WSMA Meeting Is Productive, Stimulating Four Days

For the 92nd consecutive year, physicians from around the state gathered for the annual meeting of the Washington State Medical Association, held this year in Spokane. Four days in late September were devoted to rounds of scientific meetings, business sessions and discussions of the ethical and economic implications of the practice of medicine.

Dr. Donald D. Storey of Spokane assembled a multi-specialty scientific and socio-economic program that was widely praised. At the close of the meeting, Dr. Donald M. Keith of Seattle was installed as president of the WSMA for 1981-1982. Dr. Donald H. Ballew of Yakima was chosen as WSMA president-elect. □



Dr. Robert L. Van Citters, retiring dean of the University of Washington School of Medicine made a farewell address to the WSMA House of Delegates in which he outlined austere times ahead for the medical school and urged continued cooperation between the school and practicing physicians.



Dr. George A. Tanbara, left, and Dr. Nola Mae Moore, right, talked with Gerald B. Reilly, center, director of the division of medical assistance at DSHS, about budget cuts in the Medicaid program. Dr. Tanbara is president of the Medical Society of Pierce County and Dr. Moore heads the King County Medical Society.



The WSMA Board of Trustees received "message tee-shirts" from the WSMA delegation to the AMA in a campaign to call attention to the importance of AMA membership.



Dr. Malcolm W. Bulmer of Wenatchee, left, received the Distinguished Service Award from the Washington State Society of Anesthesiologists during the WSMA meeting. The presentation was made by Dr. L. Charles Novak, also of Wenatchee, right, president of WSSA. Dr. Bulmer was president of the WSMA in 1976-77.



Congressman Tom Foley (5th District), left, and U.S. Senator Slade Gorton conferred during the WSMA meeting at which both were speakers.



Dr. Heyes Peterson of Vancouver, left, talked with Dr. John D. Chase, acting dean of the UW School of Medicine. Dr. Peterson is chairman of the WSMA Council on Professional Affairs.

WSMA Guidelines on Access to Medical Records

Patient access to medical records has been a matter of debate for several years among physicians and various segments of the public, both in the state of Washington and elsewhere. A number of legislatures have enacted statutes mandating such access; Washington is not among them.

In 1980 the WSMA House of Delegates approved a resolution di-

recting the WSMA to "stimulate the development of physician education and consensus on patient medical record confidentiality." From that resolution, the WSMA Council on Professional Affairs investigated the legal and historical status of confidential patient records, and recommended to the 1981 House that voluntary guidelines for WSMA members be adopted.

The House of Delegates responded on September 27 by approving the following *WSMA Guidelines for Patient Access to Medical Records*:

A. Member physicians should make available to a patient, upon written request, copies or summaries of the patient's medical record.

B. Patients should have access to the record of all medical reports concerning the patient made available to third parties (any health care provider, public or private insurance carrier, employer, attorney or governmental agency or body).

C. The physician should comply with the patient's written request for copies of the medical record within a reasonable time, not to exceed 60 days.

D. If the physician disclosing the medical record to a patient believes, in good faith, that the release of any portion of the medical record would be injurious to the health or well-being of the patient, such disclosure of that portion of the medical record may be denied.

E. The physician may establish reasonable charges for the costs of copying medical records. However, a patient should not be denied copies of his/her records because of inability to pay.

F. Any portion of the medical record relating to medical or surgical diagnosis or treatment to which a minor has consented under the provisions of RCW 69.54.060 or 70.24.110 and performed without the consent or knowledge of the parent(s) or guardian, shall not be disclosed to the parent(s) or guardian without the written consent of the minor.

G. Physicians should always honor the request of a patient to transfer his/her records, or a complete copy thereof, to another physician. Denial is unethical.

H. The confidentiality of alcohol and drug abuse records, however, are different and are covered by several federal laws and statutes, including the Drug Abuse Act of 1972 (PL 92-282); the Comprehensive Alcohol and Drug Act of 1970 (PL 93-282); and the Privacy Act of 1974. In accordance with rules and regulations published in the Federal Register July 1, 1975, No. 40-127, request for disclosure of alcohol and drug abuse records must include:

1. Name of program or agency making disclosure
2. Name and title of individual to which disclosure is authorized
3. Name of patient
4. Purpose and need for disclosure
5. Extent or nature of information needed
6. Subject to revocation and date of expiration of authorization
7. Date of signature
8. Signature of patient or person authorized by Court to sign

Definition: "Medical record" means all information in the possession of the physician relating to any diagnosis, treatment and prognosis of the patient of that physician, and includes: (a) history and

physical records; (b) clinical records; (c) prescription records; (d) treatment charts; (e) reports to third parties and notations of such reports on the medical record. □